



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: THE WOMENS HOSPITAL(NEWBURGH)

City of Hospital: Newburgh

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Lori Grimm

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Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$84576771
Outpatient Patient Service Revenue	\$92894772
Total Gross Patient Service Revenue	\$177471543

2. Deductions From Revenue

Contractual Allowance	\$79897550
Other Deductions	\$-1994310
Total Deductions	\$77903240

3. Total Operating Revenue

Net Patient Service Revenue	\$96834061
Other Operating Revenue	\$2349145
Total Operating Revenue	\$99183206

4. Operating Expenses

Salaries and Wages	\$36390638	Employee Benefits	\$9496767
Depreciation and Amortization	\$2918389	Interest Expense	\$385837
Bad Debt	\$2734242	Other Expenses	\$35663234
Total Operating Expenses	\$87589107		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14328341	Total Assets	\$31543486
Net Non-operating Gains over Loss	\$49835	Total Liabilities	\$31543486

Total Net Gains	\$14378176
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$12216863	\$6218334	\$5998529
Medicaid	\$52989280	\$30446777	\$22542503
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$112265400	\$43232439	\$69032961
Total	\$177471543	\$79897550	\$97573993

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$584546	
HCI Payments	\$0		
Subtotal	\$0	\$584546	\$-584546
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2578856		
Subtotal	\$2578856	\$0	\$2578856
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2578856	\$0	\$2578856

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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